

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90003 026 ***550.00

014015 AT

DOCUMENT # P00000055796

1. Entity Name
THE BERGMAN GROUP, INC.

Principal Place of Business

**220 S. PARK AVE.
 SANFORD FL 32771**

Mailing Address

**220 S. PARK AVE.
 SANFORD FL 32771**

00075547



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 W. Springtree
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 550847
 Suite, Apt. #, etc.

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

4. FEI Number

593254591

Applied For

Not Applicable

Zip

32746

Country

SEMIPOLE

Zip

32775

Country

SEMIPOLE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERGMAN, CARL E
 220 S. PARK AVE.
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

**555 W. Springtree Way
 LAKE MARY FL 32746**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Carl E. Bergman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/20/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **BERGMAN, CARL E**
 STREET ADDRESS **220 S. PARK AVE.**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Carl E. Bergman**
 STREET ADDRESS **555 W. Springtree Way**
 CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carl E. Bergman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/01

Date

407 302 6704

Daytime Phone #

CR2E034 (5/01)